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FEB 22 2005

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23370 7590 11/18/2004

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Janie Wilkins	(Depositor's name)
<i>Janie O. Holmes</i>	(Signature)
02/17/2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/752,837	12/28/2000	Nobuyuki Yamauchi	And 44471/251413	1028

TITLE OF INVENTION: INFORMATION PROCESSING APPARATUS, DEFECT ANALYSIS PROGRAM, DEFECT ANALYSIS METHOD, AND APPLICATION PROGRAM DEVELOPMENT ASSISTANCE SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370-1400	\$300	\$1670	02/18/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
LE, DIEU MINH T	2114	714-038000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
2. For printing on the patent front page, list
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- 1 Brenda O. Holmes
2 Kilpatrick Stockton LLP
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Kabushiki Kaisha Toshiba

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Kanagawa-ken, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-0855 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Brenda O. Holmes

Date

02.17.2005

Typed or printed name Brenda O. Holmes

Registration No. 40,339

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